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APPLICANTS Thomas V. Ressemann, St. Cloud, MN; Timothy B. Petrick, Brooklyn Park, MN; <i>B.P.</i>					
** CONTINUING DATA ***** This application is a DIV of 09/039,779 03/16/1998 PAT 6,224,609					
** FOREIGN APPLICATIONS ***** <i>B.P.</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/05/2001					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
ADDRESS Thomas E. Popovich, Esq. Popovich & Wiles, PA IDS Center, Suite 1902 80 South 8th Street Minneapolis , MN 55402					
TITLE Bifurcated prosthetic graft					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		